

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-049,417
FILING DATE
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 12 | | | | | |
| 4 | 10 | | | | | |
| 5 | 10 | | | | | |
| 6 | 10 | | | | | |
| 7 | 10 | | | | | |
| 8 | 10 | | | | | |
| 9 | 10 | | | | | |
| 10 | 10 | | | | | |
| 11 | 1 | 10 | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | 1 | | | | | |
| 16 | 12 | | | | | |
| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
| 19 | 1 | | | | | |
| 20 | 12 | | | | | |
| 21 | 10 | | | | | |
| 22 | 10 | | | | | |
| 23 | 1 | | | | | |
| 24 | 1 | | | | | |
| 25 | 12 | | | | | |
| 26 | 10 | | | | | |
| 27 | 10 | | | | | |
| 28 | 1 | | | | | |
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| TOTAL IND. | 8 | | | | | |
| TOTAL DEP. | 21 | ↓ | ↓ | ↓ | | |
| TOTAL CLAIMS | 29 | | | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | ↓ | ↓ | |
| TOTAL DEP. | | | ↓ | ↓ | ↓ | |
| TOTAL CLAIMS | | | | | | |